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## BIB DATA SHEET

CONFIRMATION NO. 6393

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/665,770		514	1617	D6475

**APPLICANTS**

Pankaj Jay Pasricha, Houston, TX;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/412,234 09/20/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*\* SMALL ENTITY \*\***

12/10/2003

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Verified and Acknowledged	/JENNIFER MYONG M KIM/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	TX	2	18
					2

**ADDRESS**

Benjamin Aaron Adler  
 ADLER & ASSOCIATES  
 8011 Candle Lane  
 Houston, TX 77071  
 UNITED STATES

**TITLE**

Treatment of irritable bowel syndrome and related bowel diseases

<b>FILING FEE RECEIVED</b> 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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